This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>01-28-2010</u>	Address:	305 South White
Case #:	<u>13-74692</u>		San Pierre, In
County:	<u>Starke</u>		
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only)		Seizure Location (Residence Outbuilding	☐ Hotel/Motel ☐ Open – No Structure
Dumpsi	ite (only)	Vehicle	Other:
Corrosi	nd: Location (bedroom, kitchen, open ain apply) n/Ammonia Reaction(s): osphorous/Iodine Reaction(s): able Solvents: Reactive Metal (Lithium): rous Ammonia: hloric Acid Gas Generator(s): burn barve Acid: ve Base: item and location):		
Yes No *If yes, fax re	er age 18 discovered (check one) (number present) eport to Child Protective Services et is to be faxed to the following ager	☐ Ephedrir ☐ Retail/M ☑ Other: <u>Pu</u>	e Information ne/Pseudoephedrine Tracking Log erchant Tip llaski County tip ocation:
Fire Depart	tment: San Pierre VFD	Fax: <u>219-8</u> Fax: <u>574-7</u>	328-5843
•	ection Service:	Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Scott Gilbert Phone 574-546-4900			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.